Supplementary Online Content

Bakitas MA, Dionne-Odom JN, Ejem DB, et al. Effect of an early palliative care telehealth intervention vs usual care on patients with heart failure: the ENABLE CHF-PC randomized clinical trial. *JAMA Intern Med.* Published online July 27, 2020. doi:10.1001/jamainternmed.2020.2861

This supplementary material has been provided by the authors to give readers additional information about their work.

eFigure 1. ENABLE CHF-PC Study Schema


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┌─────────────────────────────────────────────────┐
│              Screen PTs & CGs                     │
│                      ↓                            │
│        Consent & Baseline Questionnaires          │
│                      ↓                            │
│                RANDOMIZATION                      │
│                 ↙         ↘                       │
│    INTERVENTION GROUP    USUAL CARE GROUP         │
│          ↓                      ↓                 │
│  In-Person PC Assessment                          │
│  following NCP Guidelines                         │
│  Patients │ Caregivers     Typical medical        │
│  Session 1/Wk 1            management based        │
│  COPE &   │ COPE &         on recommendations      │
│  Problem  │ Problem        from national heart     │
│  Solving  │ Solving        failure guidelines      │
│  Session 2/Wk 2            (see description        │
│  Self-care│ Self-care      in text)               │
│  Session 3/Wk 3                                   │
│  Symptom  │ Symptom                               │
│  Management│ Management                            │
│  Session 4/Wk 4                                   │
│  Communication &│ Communication &                 │
│  Decision-Making│ Decision-Making                 │
│  Session 5/Wk 5 │ Mo. Followup                    │
│  Life Story                                       │
│  Session 6/Wk6                                    │
│  Building a Legacy                                │
│  Mo. Followup                                     │
│          ↓              ↓          ↓              │
│            Week 8 Questionnaires                  │
│                      ↓                            │
│  Questionnaires Repeated Every 8 Weeks through    │
│  Week 48                                          │
│                      ↓                            │
│  If patient dies, CG After-Death Questionnaires   │
│  12 Weeks after                                   │
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Caption: ENABLE CHF-PC intervention includes 6 weekly patient sessions with content on problem solving, self-care, symptom management, communication/advance care planning and life review and creating legacy. (A parallel caregiver intervention, provided by a different nurse coach is shown but described elsewhere[1]).

eFigure 2. Distribution of Baseline KCCQ Clinical Summary Scores (N=414)

Notes:

Mean (SD) = 52.6 (21)

Median (IQR) = 52.4 (37.1, 67.5)

Minimum= 2; Maximum= 100

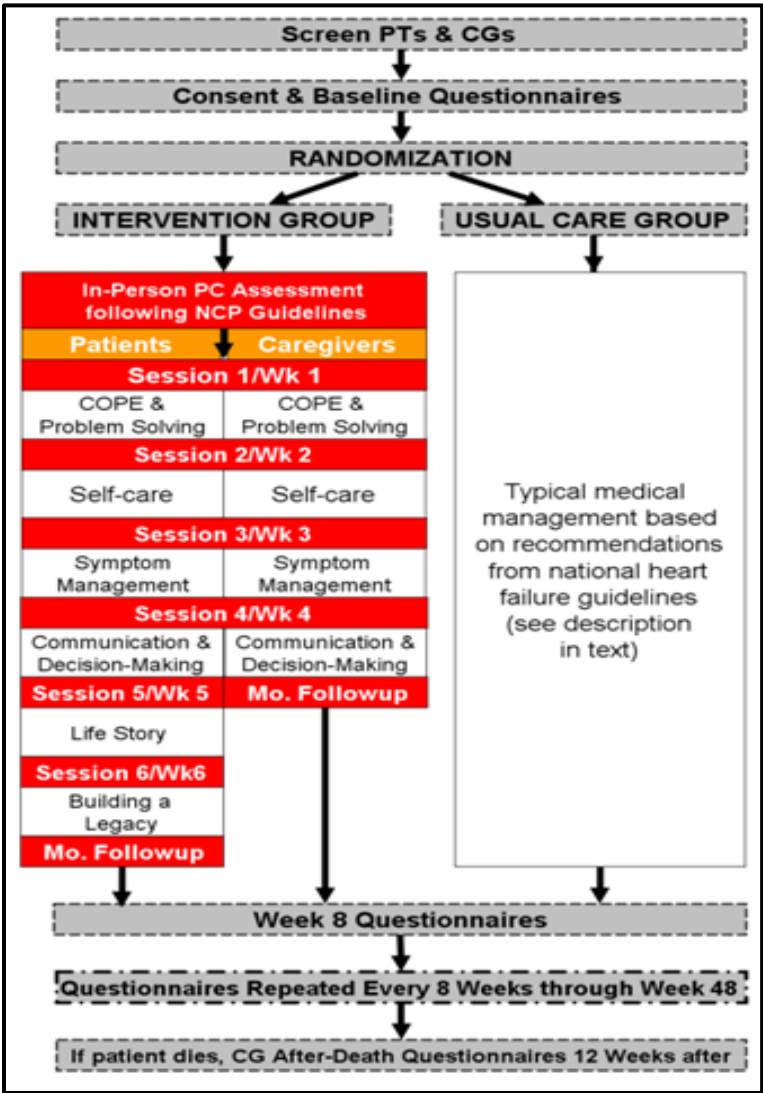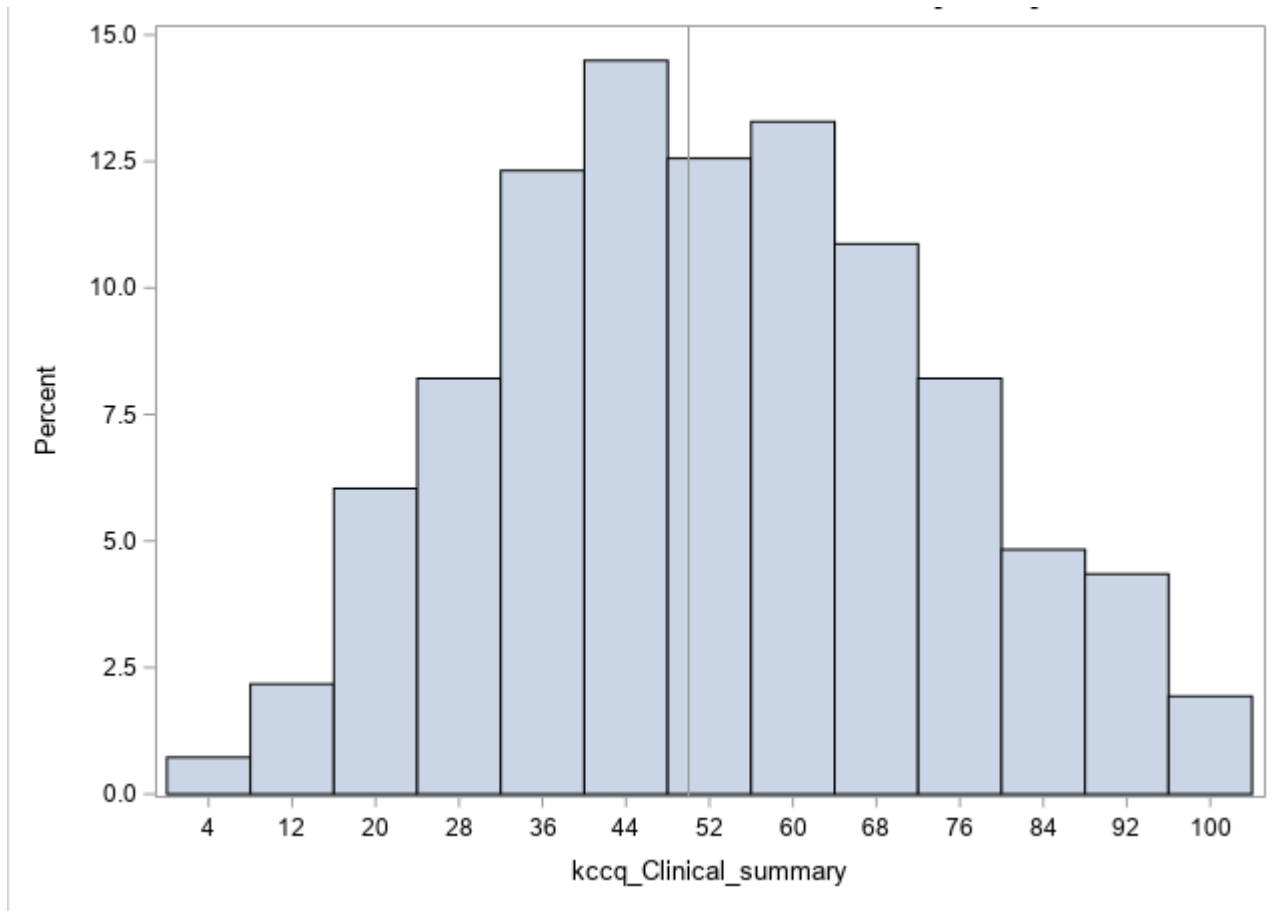**eTable 1.** Correlates of Data Collection Profiles (Inconsistent vs Consistent) Among Patients Alive at 32 Weeks Postbaseline

If alive at week 32 (N=379)	Inconsistent (n=190)	Consistent (n=189)	Effect size
	n (%)	n (%)	d_{eq}
Work status			0.31
Employed	20 (10.5)	8 (4.2)	
Retired/Homemaker	65 (34.2)	94 (49.7)	
Not employed	8 (4.2)	2 (1.1)	
Disability	96 (50.5)	85 (45)	
No response	1 (0.5)	0 (0)	
	M (SD)	M (SD)	d
COPE- Self-distraction	1.32 (0.89)	1.61 (0.87)	0.34
COPE- Use of emotional support	1.75 (0.99)	2.04 (0.95)	0.29
COPE- Use of instrumental support	1.42 (1.05)	1.8 (1.01)	0.37*
COPE- Positive reframing	1.53 (0.96)	1.89 (0.93)	0.39*
HADS- Anxiety	7.22 (3.81)	6.11 (3.42)	0.31

Notes:

Cohen's d or d-equivalent: small~0.2, medium~0.5, large~0.8;

*Variables of sufficient magnitude for which analysis was adjusted.

eTable 2. Subgroup Analysis of Participants With Baseline KCCQ Clinical Summary Score ≤ 50 (N=195) Baseline to 16 Weeks; Intervention vs Usual Care

Outcome	Weeks after baseline	Intervention group (n=92			Usual care group (n=103)			Between-Group Difference in Change From Baseline†		
		N	Mean (SE)	Avg. change from baseline. Mean (SE)	N	Mean (SE)	Avg. change from baseline. Mean (SE)	Mean (SE)	P	Effect size (d)
KCCQ clinical summary (Subgroup baseline SD=10.9)	0	92	35.4 (1.8)	-	103	33.4 (1.7)	-	-	-	-
	8	54	43.3 (2.2)	9.7 (1.9)	74	36.0 (1.9)	4.8 (1.7)	5 (2.5)	0.05	0.46
	16	56	46.8 (2.2)		55	41.3 (2.1)				
FACIT Pal 14 (Subgroup baseline SD=7.6)	0	92	30.8 (0.9)	-	103	30.2 (0.8)	-	-	-	-
	8	54	32.5 (1.1)	2.3 (0.8)	74	30.1 (0.9)	0.7 (0.8)	1.6 (1.1)	0.15	0.21
	16	56	33.7 (1.1)		55	32.1 (1.0)				
HADS-Anxiety (Subgroup baseline SD=3.4)	0	92	8.5 (0.4)	-	103	8.6 (0.4)	-	-	-	-
	8	54	8.0 (0.5)	-0.4 (0.4)	74	8.6 (0.4)	0.1 (0.3)	-0.5 (0.5)	0.28	-0.15
	16	56	8.1 (0.5)		55	8.9 (0.4)				
HADS-Depression (Subgroup baseline SD=4.4)	0	92	7.8 (0.5)	-	103	7.5 (0.4)	-	-	-	-
	8	54	6.9 (0.5)	-1.2 (0.4)	74	7.1 (0.5)	-0.6 (0.3)	-0.6 (0.5)	0.22	-0.14
	16	56	6.4 (0.5)		55	6.7 (0.5)				

† Intervention minus usual care group; Change = average of 2 follow-up time-points minus baseline; P-values from time by group interaction term in longitudinal models; d = mean difference in change from baseline divided by baseline pooled standard deviation (of the subgroup).

eReference

1. Dionne-Odom JN, Ejem DB, Wells R, et al. Effects of a Telehealth Early Palliative Care Intervention for Family Caregivers of Persons With Advanced Heart Failure: The ENABLE CHF-PC Randomized Clinical Trial. *JAMA Netw Open*. 2020;3(4):e202583. Published 2020 Apr 1. doi:10.1001/jamanetworkopen.2020.2583